

The Application for Benefits Eligibility (ABE)

**An Introduction for MPE Providers &
All Kids Application Agents**

Illinois Department of Healthcare & Family Services
Illinois Department of Human Services
September 2013

Welcome!

To help you become familiar with ABE, the Application for Benefits Eligibility, the State of Illinois' new web-based application portal for Medicaid, SNAP and cash benefits, we have developed this overview. **ABE will launch on October 1, 2013.**

A few notes on recent changes to the Illinois Medicaid program before we begin:

- Throughout this document “Medicaid” refers to all health coverage programs provided by HFS, including All Kids; FamilyCare; AABD; the new ACA Adult group, coverage for undocumented pregnant women and children; and other health coverage financed by HFS using only State funds.
- Beginning October 1, 2013, individuals and families traditionally eligible for Medicaid can use ABE to apply and get coverage right away. Those immediately eligible, including three months of coverage retroactive from the month of application, are:
 - Children
 - Parents and other caretaker relatives raising dependent children
 - Pregnant women
 - Seniors
 - Persons with Disabilities
 - Blind Persons
- Beginning October 1, 2013, members of two new eligibility groups – ACA Adults and Former Foster Children – may begin applying for Medicaid coverage through ABE – for coverage beginning January 1, 2014.
- Beginning October 1, we are also applying new federal Medicaid eligibility rules, including the new Modified Adjusted Gross Income (MAGI) standard. The ABE Application includes new questions on household composition, tax filing status and income.
- SNAP, the Supplemental Nutrition Assistance Program (Food Stamps) and cash benefits, including TANF, Temporary Assistance for Needy Families, are immediately available through ABE.

If you have used either the All Kids/FamilyCare Online Application or the DHS Web Benefits Application, ABE application questions will be familiar, although some terms may have changed. **ABE will replace both of these existing web applications.** Existing web applications have been retired. Paper applications will still be accepted during the interim period.

In this overview, we will share screen shots of key pages in ABE so you know what to expect. The guide does not include every page in ABE

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What is ABE?

- ❖ ABE stands for **A**pplication for **B**enefits **E**ligibility, Illinois' new combined online application.
- ❖ Anyone can apply for **Medicaid, SNAP and cash benefits** through ABE.
- ❖ ABE also offers an **"Am I Eligible?" screening tool** to determine if a person is likely eligible for benefits before completing a full application. The screening tool, however, is not a substitute for a full application.
- ❖ Applicants are also able to use ABE to **upload verification documents** to support their application. Note, documents may not be submitted online after an application is submitted.
- ❖ Applicants can **save an application in process and return to it later**. **Community partners, including Illinois Assisters, can help someone complete his or her own application.**
- ❖ **All Kids Application Agents (AKAAs)** may submit benefits applications on behalf of Applicants for all programs – Medical, SNAP and cash.
- ❖ **MPE Providers** who are enrolled with the Department of Healthcare and Family Services (HFS) to presumptively enroll pregnant women in Medicaid may also use ABE. A broader Presumptive Eligibility program for hospitals, as mandated by the ACA, will begin in February 2014.
- ❖ **In the future**, customers will be able to check their benefit status, make updates to their accounts and renew their benefits through ABE.

ABE & The Affordable Care Act

- ❖ ABE can be used by anyone in Illinois seeking Medicaid coverage, including new groups covered as a result of national health care reform under the Affordable Care Act.
- ❖ Beginning January 1, 2014, Illinois will cover **two new eligibility groups** under Medicaid. Individuals may begin applying through ABE on October 1, 2013. Coverage will not start until January 1, 2014.
 - **ACA Adults** must meet the following eligibility criteria:
 - adults age 19 through 64
 - not otherwise eligible for other medical assistance
 - no dependent children living with them
 - not eligible for Medicare
 - income at or below 138% FPL (a 5% income disregard is built in).
 - **Former Foster Care Young Adults:**
 - persons age 18 up to age 26 who were receiving Medicaid benefits when they aged out of the state foster care system, and are not otherwise eligible under Family Health Plans or AABD
 - no income or resource test for this group.
- ❖ **Modified Adjusted Gross Income (MAGI)** is the new national methodology for determining eligibility for Medicaid for children, parents or other caretaker relatives, pregnant women and ACA Adults. MAGI governs how states count income and household composition for these groups. It is similar to the way income is counted for federal income tax purposes. MAGI rules will **not** be used for AABD eligibility for seniors, blind persons or persons with disabilities.
- ❖ It is important to remind existing Medicaid recipients that **Medicaid, including All Kids and FamilyCare, meets the ACA requirement for health coverage.** There is no need for existing customers to reapply. There are no new or additional Medicaid benefits available to current recipients as a result of the ACA.

Is ABE the Right Place to Begin?

- ❖ ABE is always the right place to start to apply for SNAP or cash assistance.
- ❖ For Medicaid, begin an application in ABE if, based on the Applicant's income, you are fairly certain that they will qualify (part of a new eligibility group, current SNAP recipient, etc.).
 - If you are not sure if the client is eligible for Medicaid, use the ABE "Am I Eligible" screening tool.
 - If the Applicant is not likely to qualify for Medicaid, the best place to start is the Illinois Health Insurance Marketplace to purchase private insurance. Financial help may be available through the Marketplace to help lower the cost of private insurance.
 - You can learn more about the Illinois Marketplace and available financial assistance at www.Healthcare.gov or by calling 1-800-318-2596.
- ❖ There is no wrong door – an application received by the Marketplace that looks to be eligible for Medicaid will be sent to the State – and vice versa - applications found to be ineligible for Medicaid will be sent to the Marketplace.

Completing an Application in ABE

- ❖ We strongly encourage everyone – community partners, health care providers and the general public to use ABE to apply for Medicaid, SNAP or cash assistance. ABE has a number of features to ensure that application data is transferred accurately and efficiently to caseworkers for processing.
- ❖ Applicants should include as much information as possible in their ABE application.
- ❖ Expect to spend 30 to 45 minutes completing an application for benefits.
- ❖ ABE is a “smart” application. It will dynamically “build” the application based on the benefits requested and answers to application questions.
- ❖ ABE does not replace the need for caseworker interviews for SNAP and cash benefits; Applicants will be contacted within 14 days for this interview. In most cases, interviews can be completed over the phone.

Navigating in ABE

Please review the following tips on navigating through ABE.

- Do not use the Internet browser's back, forward or stop buttons while in the application. Use the buttons provided at the bottom of each page of the application.
- Use the "Save & Exit" button to save the information already entered and return to the application later.
- Your ABE session will time-out after 15 minutes of inactivity. You will need to log-in again to continue.



[Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.](#)

 **Print**

Using This Website

Here are some tips for using this website.

On each page, answer the questions the best you can. If you are using this website for someone else, answer the questions as if you were that person.

You will see some questions with a star (*) next to them. You **must** answer these questions before you can go on to the next page.

Please do not use the Forward, Back or Stop buttons on your browser. Instead, use the ACCESS buttons at the bottom of each page. You can click on these to move between pages.

Next		Click the Next button when you are done with a page and ready for the next questions.
Back		Click the Back button if you need to go back to a page to change your answers.
Exit		You will see this item after submitting your online application. Clicking this button will take you to the home page, where you will be able to see the status of your application as well as your benefits.
Save & Exit		When you are using Apply For Benefits, you will see this button at the bottom of most pages. Click this button if you are ready to stop using Apply For Benefits. We will give you a choice: you can save your application to come back later, you can continue to work on it, or you can submit it to the DHS office to set your application date.

Along the way you will see these items, too:

Help		Click the Help button if you have a question about what we are asking or if you do not know how to answer a question.
Progress Bar	 35%	The progress bar shows you how close you are to being done.

If you have not used a computer very much, [click here to practice](#).

If you are ready to get started, click the close window and start working.

[Close Window](#)

The ABE Homepage

The screenshot shows the ABE homepage with the following elements and callouts:

- Callout 1:** Points to the User ID and Password login fields.
- Callout 2:** Points to the "MPE or AKAA Login" and "Community Partners" links.
- Callout 3:** Points to the "Community Partners" link.
- Callout 4:** Points to the "Am I Eligible?" button.
- Callout 5:** Points to the "Apply for Benefits!" button.

The login section includes fields for * User ID and * Password, a Login button, and a link for "Forgot your password? Is your account locked? Please enter your User ID and [Click Here](#)".

The "Apply for Benefits!" button lists the following programs:

- > SNAP
- > Cash Assistance
- > Medical Assistance
- > Medicare Savings Program

If you do not have a user id and password, click on 'Apply For Benefits' to create an account.

If you have not used a computer very much and would like to practice before you get started, [click here](#).

Key to the ABE Homepage:

- #1. User ID and Login – Applicants who have already started or submitted an application can enter their User ID and password here to continue working or check their status. First-time users click the blue, “Apply for Benefits” button (#5) to create a User ID and password.
- #2. MPE Providers and All Kids Application Agents have a separate log-in process (#2). They can also use this link to update registration information. More information about this process will be provided to these entities separately.
- #3. To register as a Community Partner or update community partner registration information, click on this “Community Partner” link (#3) or the blue, “Apply for Benefits” button (#5)
- #4. To reach an anonymous screening questionnaire to help determine if a person is potentially eligible for benefits, click the blue “Am I Eligible” button (#4).
- #5. To start a benefits application, click on the blue “Apply for Benefits” button (#5).

Section 2: Registering as an MPE Provider or All Kids Application Agent (AKAA)

Section 2: Registering as an MPE Provider or AKA

To register in ABE as one of these organizations, you must already be signed up for the role by the State of Illinois. You will need your State of Illinois Provider number, and the State will need to verify your registration before you can proceed.

Each organization should choose one individual to register as their ABE Agency Security Administrator (ASA). This person will be responsible for setting up and maintaining the security profiles of their organization's users once they register in ABE.

When assisting Applicants, MPE or All Kids Application Agent (AKAA) users will log-into ABE with their own usernames and passwords. Applicants will not create their own User IDs. Therefore, only the organization's approved users can save & continue or update an individual's application once it is in progress and only the organization can submit it. (Once an application is submitted, only a State caseworker can make changes).

If you decide that it would be best if the Applicant had access to their pending Application, you should register as a Community Partner and assist the Applicant in setting up their user account before starting the ABE application.

Registration Overview:

1. Each organization, or each location of the organization if it has its own Provider ID, should choose a person to serve as the Agency Security Administrator (ASA). The ASA will be responsible for approving and maintaining the organization's ABE users.
2. The ASA should be the first person from the organization or location to register in ABE. When completing the registration screen, they should indicate that they are the designated security administrator in the "Type of User" section (see pg. 13).
3. Once the ASA registration is submitted, it will be verified by the State's ABE Global Security Administrator (GSA). The GSA will send an e-mail to the ASA indicating that the registration is approved.
4. The ASA should invite the organization's users to complete their own ABE registration, including creating their own user name and password.
5. The ASA will use the ABE "Manage My Account" feature to approve each ABE user.
6. If you have questions, please send them to abe.questions@illinois.gov.

Registering as an MPE Provider or AKAA

From the ABE Homepage choose the “MPE Provider or AKAA Login” link. You will use this link each time you return to ABE. Do not use User ID and Password fields on the ABE homepage.

abe.illinois.gov

ABE APPLICATION FOR BENEFITS ELIGIBILITY

[Español](#)
[FAQ](#)
[DEV](#)

Your home to apply for Medical, Food and Cash Assistance with the state of Illinois

* User ID
[Text Field]

* Password
[Text Field]

Login

Forgot your password? Is your account locked? Please enter your User ID and [Click Here](#)

☒ **MPE Provider or AKAA Login**

☐ Community Partners

Am I Eligible?

Apply for Benefits!

- > SNAP
- > Cash Assistance
- > Medical Assistance
- > Medicare Savings Program

If you do not have a user id and password, click on 'Apply For Benefits' to create an account.

If you have not used a computer very much and would like to practice before you get started, [click here](#).

First time users, choose “Create a new Provider User ID and Password.”

abe.illinois.gov

ABE APPLICATION FOR BENEFITS ELIGIBILITY

[FAQ](#)
[TRN](#)

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.
[Home](#)

[Logout](#)

* Provider User ID [Text Field]

* Password [Text Field]

Login

Forgot your password? Is your account locked? Please enter your Provider User ID and [Click Here](#)

[Create a new Provider User ID and Password](#)

Registering as an MPE Provider or AKA

Each organization's Agency Security Administrator (ASA) will set-up the organization's initial registration by completing the fields in the "User Account Setup" page and indicating that they are the designated ASA in Section 1. Regular users will follow the same User Account Setup procedure and indicate that they are a regular user in the "Type of User" section.

User Account Setup

Set Up Your User Account

Please enter the information below to set up your provider user account by completing Sections 1 and 2. To associate to a specific provider agency, choose the appropriate option and then complete Section 3. When you have completed the appropriate sections, click the **Submit** button.

Section 1 - User Information

* First Name:

Middle Initial:

* Last Name:

* Date of Birth:
Ex: mm/dd/yyyy

Email Address:

* Address:

* City:

* State:

* Zip Code:

* Phone Number:

* ☐ I understand that state and federal laws require that information regarding persons applying for Medicaid Presumptive Eligibility or All Kids healthcare services be safeguarded from unauthorized use or disclosure.

Throughout the course of conducting Medicaid Presumptive Eligibility and All Kids applications, confidential personal and demographic data from clients will be collected. I understand that I may not use personal, medical, or demographic client data for any purpose that is not directly related to the fulfillment of my agency's outreach and enrollment responsibilities.

I also understand that I may not disclose personal, medical or demographic client information to any person not directly responsible for ensuring the processing of Medicaid Presumptive Eligibility and All Kids applications and/or the delivery of healthcare services to members.

* Please select the type of user that you are.

Medicaid Presumptive Eligibility Providers

☐ I am the designated agency security administrator for a provider that is certified to submit Medicaid Presumptive Eligibility (MPE) applications.

☐ I am a regular user for a provider that is certified to submit Medicaid Presumptive (MPE) applications.

All Kids Providers

☐ I am the designated agency security administrator for a provider that is certified to submit All Kids applications.

☐ I am a regular user for a provider that is certified to submit All Kids applications.

Other Providers

☐ I am the designated agency security administrator

Registering as an MPE Provider or AKAA

In Section 2, both the ASA and users will create a personal User ID and Password that they will use to login to ABE on an ongoing basis. *(Remember to use the “MPE Provider or AKAA Login” link from the ABE homepage, not the login fields on the ABE homepage).*

In Section 3, enter the Provider ID issued by the State of Illinois. *Note: The verbiage in Section 3 will change based on whether the user selected “designated ASA” or “regular user” in Section 1.*

Section 2 - Provider User ID and Password

To log in into your provider account, you will need to create a Provider User ID and password. You will need your Provider User ID and password to login to the provider portal.

* Provider User ID:
This must be 5 to 20 letters and/or numbers.

* Password:
This must be 8 to 16 characters long. To create a secure password, you must use letters, one capital letter, and at least one number. Password is case sensitive.

* Please re-type your Password:

To log in into your provider account, you will need to create a Provider User ID and password. You will need your Provider User ID and password to login to the provider portal.

* Secret Question1 :

* Answer to Secret Question1 :

* Secret Question2 :

* Answer to Secret Question2 :

Section 3 - Organization Information

You also told us that you're the designated agency security administrator for a Medicaid Presumptive Eligibility and/or an All Kids provider. Please enter the associated Provider ID below. This request will be confirmed by the state before your access rights will be established.


Provider ID

For organizations with multiple offices or locations, users can add the Provider ID number for each location they are associated with or work in

Account Setup Confirmation

Following the completion of the User Account Setup page, you will be brought to this account set-up confirmation page. At this point, the State must approve the ASA user account and send an e-mail to the ASA notifying them that their users can begin setting up their own ABE User Accounts. Users cannot proceed further until the ASA sets up the security profile for his or her account.

Hello, Drew. You are logged in.

 Help

Account Setup Confirmation

Confirmation Message

Thank you for setting up your provider user account: **fwhite12** . Please alert your administrator(s) that you have created an account. Your administrator(s) will setup your security profile for this online account. Once your profile has been setup, you can log back in and use this application. Please close your browser.

Log-In and Location Selection

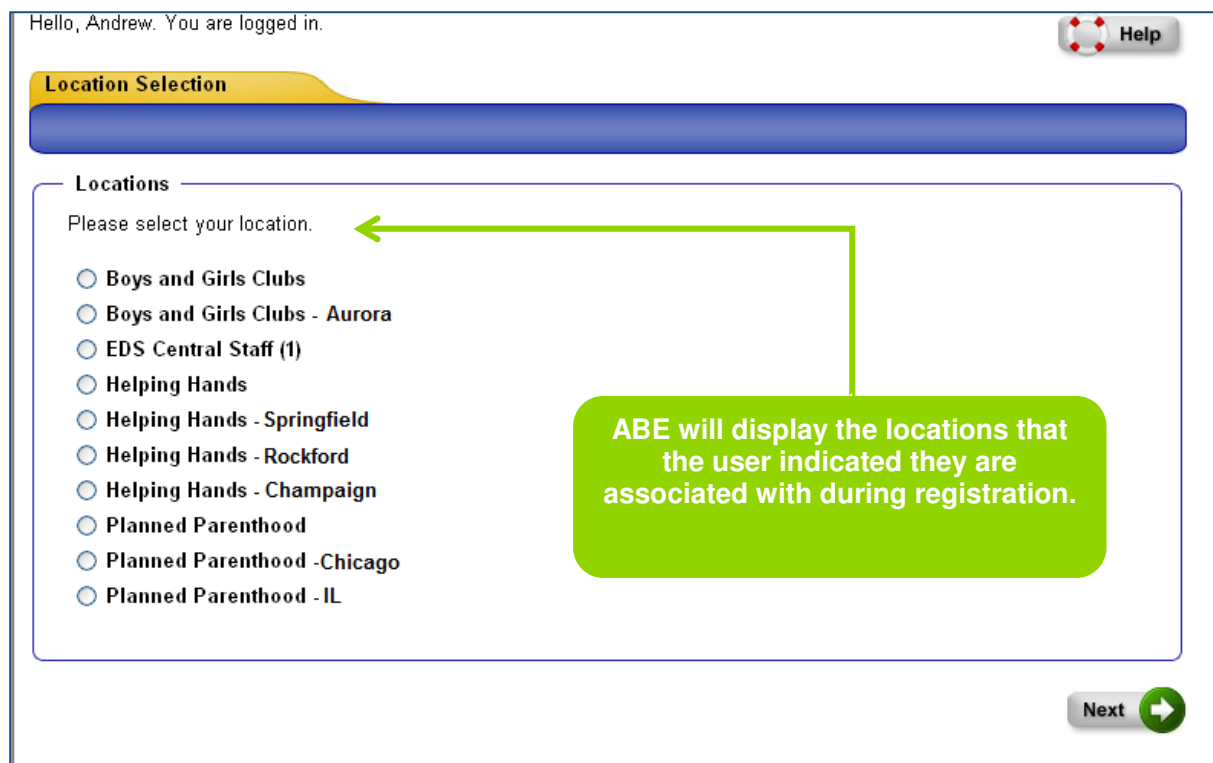
Returning users will select the MPE Provider or AKA Login from the ABE homepage and enter their ABE Provider User ID and Password.



The screenshot shows the ABE login page. At the top left is the 'abe. illinois. gov' logo. In the center is the 'ABE' logo with the text 'APPLICATION FOR BENEFITS ELIGIBILITY' to its right. At the top right is a link for 'FAQ TRN'. Below the logos is a line of text: 'Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.' followed by a 'Home' link. To the right of this is a 'Logout' link. The main login area is enclosed in a yellow rounded rectangle and contains two input fields: '* Provider User ID' and '* Password', each with a corresponding text box. Below these fields is a 'Login' button. At the bottom of the page, there is a message: 'Forgot your password? Is your account locked? Please enter your Provider User ID and [Click Here](#) [Create a new Provider User ID and Password](#)'.

Once a user logs in – either an ASA or a user - the Location Selection page will display only if that individual is associated to more than one provider location. If a user is associated with only one location or no location, this page will not display and the user will be taken directly to the Landing Page.




Users should indicate the location from which the ABE application for this session is being submitted.



The screenshot shows the 'Location Selection' page. At the top, it says 'Hello, Andrew. You are logged in.' and has a 'Help' button. Below this is a yellow tab labeled 'Location Selection'. The main content area is titled 'Locations' and contains the text 'Please select your location.' with a green arrow pointing to a list of locations. The list includes: Boys and Girls Clubs, Boys and Girls Clubs - Aurora, EDS Central Staff (1), Helping Hands, Helping Hands - Springfield, Helping Hands - Rockford, Helping Hands - Champaign, Planned Parenthood, Planned Parenthood -Chicago, and Planned Parenthood -IL. A green callout box with the text 'ABE will display the locations that the user indicated they are associated with during registration.' points to the list. At the bottom right is a 'Next' button with a green arrow.

Landing Page for MPE Providers & AKAAs


After logging in, MPE Providers and AKAAs will be brought to this page where they can select the action they would like to complete in ABE.



Para información en Español, regrese a la página principal y oprima el enlace que dice Español.

[Home](#) | [User Search](#) | [Application Search](#) | [Logout](#)

Hello, userTwenty. You are logged in.
Currently Working At: FAMILY PLANNING INC



ABE Provider Portal Landing Page

ABE for Partners and Providers

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

Submit Applications


- ☐ Submit MPE Applications for Pregnant Women
- ☐ Submit ABE Applications

Search for Applications

- ☐ Search for MPE Applications for Pregnant Women
- ☐ Search for ABE Applications

Manage My Account

- ☐ Search for users from my organization (this will allow you to access their privileges)
- ☐ Update my User Account (this will allow you to update your personal information and organizations you belong to)

Next 

Section 3: Completing an ABE Application

A Few Things about the Application Process

After logging in, the process for submitting an ABE Application, whether an AKAA or an Applicant, is the same from this point on.



[FAQ](#)
[UAT](#)

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Hello, Marie. You are logged in.



Apply For Benefits

Before you get started on your application, there are a few things you should know:

- ✓ If you live in Illinois, you may apply for the following benefits using this online application:
 - **SNAP - Supplemental Nutrition Assistance Program (formerly Food Stamps)**
 - **Cash Assistance** including:
 - **TANF - Temporary Assistance for Needy Families, and**
 - **AABD - Aid to the Aged, Blind, and Disabled**
 - **Health Coverage**
 - o Some people will qualify for Medical Assistance. This program is often called public aid or the medical card.
 - o Some people will qualify to buy an affordable private health insurance plan that offers comprehensive coverage if they do not qualify for Medical Assistance. Some people will also qualify for help to pay premiums for health coverage.
- ✓ You have the right to submit your application right away. The date DHS or HFS receives your application is your "application date" if it is received on a business day. This date may affect the date your benefits start. If the application is received or filed online after close of business, the date of application is the following business day. Business days are Monday through Friday most weeks and state business closes at 5:00 p.m. Weekends and State holidays are not business days. If you submit your application before you answer all the questions, it may take longer to decide if you qualify for benefits. A caseworker may have to contact you to get answers missing on your application.
- ✓ To submit your application for SNAP, CASH or Medical assistance right away, click on the "Save & Exit" button at the bottom of any page within the online application and choose the "Only set my application date" option. Your application will be sent to DHS or HFS office with only the information you have entered. You will still need to provide additional information and will not be able to change your answers or add information to your application. A worker will contact you to gather all of the other information that we will need to make a decision.
- ✓ If you prefer a paper form, click the link below for our paper form. You can click in the fields to answer the questions or print the form and fill out by hand. When you are done the form can be printed and mailed, faxed or brought in-person to an Illinois Department of Human Services office.

[Paper form to apply for Cash, Medical and SNAP benefits\(PDF\)](#)

A Few Things You Should Know

What if I need food right away?

If you are applying for SNAP you may be entitled to receive those benefits right away if:

- your gross non-exempt income and liquid assets are less than your monthly rent or mortgage payment and the appropriate utility standard; or
- you have liquid assets of \$100 or less and your gross monthly income for the month of application is less than \$150; or
- you have liquid assets of \$100 or less and at least one person applying is a migrant who is "out of funds."

How long does it take to get my benefits?

It usually takes up to 30 days to get your SNAP benefits unless you need food right away and have little or no money. Cash and Medical applications take up to 45 days. Applications for Medical only based on disability take up to 60 days.

A Few Things about the Application Process (continued)

How much do I get?

That depends on your family size, your income and your expenses. If you are eligible for SNAP, benefits start from the date you apply. To see if you may be eligible for SNAP, click on the following link: [SNAP Eligibility Calculator](#).

Do I have to come to the office to be interviewed?

If you are applying for Cash or SNAP benefits we will schedule an interview within 14 days. If you are applying for TANF cash assistance you may be required to come to the office for an interview. However, if you cannot come to the office because of problems with work, health, transportation or child care we can talk with you over the phone. If you are applying for Medical only, no office interview is required.



What information will I need to give you?

- Proof of your identity such as a driver's license or photo I.D.
- Full names and date of birth for everyone that is applying for benefits
- Social Security numbers for everyone applying. If Social Security numbers are pending, supply the date(s) the application(s) were made.
- Proof of where you live
- Information about all of the income everyone receives
- The Alien Registration Number for any person who is applying if he/she is not a U.S. citizen
- If you are applying for Cash or AABD Medical Benefits, information about the value of everyone's cash, checking and savings account
- Amount of child or spousal support paid and the names of absent parents
- Amount of housing costs
- What utilities you pay
- Amount paid for care of a child or disabled adult



Acknowledge Penalties for False Information



The Applicant, not someone assisting with the application, should read and indicate understanding and acceptance of the Fraud Penalty Affidavit.



APPLICATION
FOR BENEFITS
ELIGIBILITY

[FAQ](#)
[TRN](#)

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Hello, Mary. You are logged in.  **Print**  **Help**

Fraud Penalty Affidavit



Before you will be able to complete the online application, you must read the following Penalty Affidavit and provide certification of your understanding and acceptance.

I understand that the information on this form is subject to verification by federal, state, and local officials. If I intentionally give false or misleading information, I may be subject to criminal or civil prosecution.

I also understand that I may be prosecuted for fraud, be required to repay the amount wrongfully received and/or be disqualified from program participation. I understand I may be asked to show proof of any information I have given.

☒ By checking this box you are certifying that you have read, understand and accept the penalty statement above.

[Report fraud for Cash, SNAP & Medical Assistance](#)

 **Back** **Next** 

Getting Started



ABEAPPLICATION
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Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Hello, Mary. You are logged in.

Print

Help

Start


People

Liquid Assets


Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

Using Our Self Service Site

Before you get started, we would like to know more about how you are using this site. If you are using this site from your own computer, you can skip these questions and click **Next** below.

Community Agencies

Some agencies (such as health clinics or community centers) are set up to help people use this site. If you are using this site at an agency that is setup their number will appear here. If a number doesn't show and you are working with an agency, please ask them for their number and enter here.

Applying on Your Behalf

If someone is applying on your behalf, please click the button to tell us who is applying.

☐ A friend or family member

☐ A staff person or volunteer at an agency that helps people

☐ Someone I have asked to be my approved representative. (By approved representative, we mean someone who can apply on behalf of another person.)

☐ My legal guardian

☐ Someone who has power of attorney for me

☐ None of the above




Back

Save & Exit

Next



Select the Programs the Applicant is Applying For

ABE provides a detailed overview of available benefits. ABE will “customize” the application to gather only the information needed for the requested benefits.





Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.


Hello, Marv. You are logged in.





6% Complete


 Start


 People


 Liquid Assets


 Other Assets


 Job Income

 Other Income

 Housing Bills

 Other Bills

 Finish

 Submit

Which Benefits Would You Like to Apply For?

Please check the box(es) below for the program(s) you would like to apply for. Then click the "Next" button at the bottom of the page.

☐ **Supplemental Nutrition Assistance Program (SNAP)**(formerly Food Stamps) helps low-income people and families buy the food they need for good health. Benefits are provided on the Illinois Link Card - an electronic card that is accepted at most grocery stores.

☐ **Cash Assistance** - We offer three types of cash assistances:

Temporary Assistance for Needy Families (TANF) provides temporary financial and medical assistance for pregnant women and families with one or more dependent children. TANF provides financial assistance to pay for food, shelter, utilities and expenses other than medical.

Aid to the Aged, Blind and Disabled (AABD) Cash is for person who are aged, blind and/or disbled who need money. A person who is eligible for the AABD Cash program receives cash and medical assistance.

Refugee and Repatriate Assistance (RRA) include two programs:

Refugee Resettlement Program (RRP) is for persons with certain immigrant statuses who do not qualify for TANF or AABD. A person can only receive help from this program for a limited time period after they enter the U.S.

The Repatriate Program is for U.S. citizens referred by the U.S. Department of Health and Human Services after being sent back to the U.S. from another country because they lacked money, were physically or mentally ill, or were threatened by war or other crisis. A repatriate cannot receive cash for more than 90 days and must repay DHS when able.

Cash Benefits are also provided on Illinois Link Card.




☐ **Medical Assistance:** This healthcare coverage is for eligible children, adults, seniors and people with disabilities. These programs provide access to healthcare at a reasonable cost. More information about the services covered by these programs can be found at this link: [Medical Program Listing](#).

Please check the box for selecting previous application months.

☐ May ☐ June ☐ July

Note for individuals currently receiving ICHIP: If you apply and are approved for Medical Assistance, your ICHIP coverage will end and you may be responsible for repaying bills. If your Medical Assistance application is approved,coverage begins in the month of application.You cannot receive benefits from ICHIP and Medical Assistance at the same time.

☐ **Medicare Savings Program:** Illinois offers Medicare cost sharing programs that help pay for premiums, deductibles, and co-insurance charges. You can keep more of your Social Security check by enrolling. Many people use the extra money to help pay for living expenses or prescription drugs. More information about the program can be found at [Medicare Savings for Qualified Beneficiaries](#).

 Back  Save & Exit  Next

Applicant Information

Applicants will be asked identifying information. The red asterisks (*) indicate required information.

Getting Started

Let's get started on the application! First, please give us some basic information about you.

Information About You

* First Name :	Middle Initial :	* Last Name :	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender :	<input type="radio"/> Male	<input type="radio"/> Female	
* Date of Birth :	MM	DD	YYYY
	<input type="text"/>	/ <input type="text"/>	/ <input type="text"/>
* Please Confirm Date of Birth :	MM	DD	YYYY
	<input type="text"/>	/ <input type="text"/>	/ <input type="text"/>
Social Security Number :	<input type="text"/>	- <input type="text"/>	- <input type="text"/>
After you apply for benefits, you will get notices from your worker. Please click the button to let us know whether we should send your notices in English or Spanish.		<input type="radio"/> English	<input type="radio"/> Spanish
* What county do you live in?	<input data-bbox="1036 1276 1365 1325" type="button" value=" < click here to choose > "/>		

Applicant Information (continued)

Where You Live

Please tell us where you live. If you are homeless right now, please check the "I am homeless" box. If you are homeless but you have a mailing address, please check the box and type your address in the Mailing Address section. If you are homeless, you may also use the county office address in the Mailing Address Section.

* Street Address :

* City :

* State :

* Zip Code :

How many days each month does this person stay at this address?

☐ I am homeless right now.

If you are homeless, please use the mailing address of the closest DHS office. [Click here](#) to find the closest office.

Mailing Address

If you do not want us to send any notices about your benefits to the address you have given above, please give us an alternate mailing address where we can send your mail. If it is okay to send mail to the address given, please leave this section blank.

Street Address or P.O. Box Number :

City :

State :

Zip Code :

Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you do not have one of the items we ask for, just leave it blank.

Home Phone :

Work Phone : Ext :

Cell Phone :

Message Phone :

Email Address :

What is the best way to get in touch with you during the weekday?

If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method do you use?

What is the best time to call you during the weekday?

Data Collection

ABE will ask for several categories of information as indicated on the left-hand navigation bar. Applicants can save their data at any point and return to finish the application later. At the end of each data collection “module,” the Applicant will review a summary of the information entered and have the opportunity to go back and make changes.

The following pages are just a sample of the types of question included in ABE.

abe.illinois.gov

ABE APPLICATION FOR BENEFITS ELIGIBILITY

FAQ TRN

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Hello, Mary. You are logged in.

15% Complete

Start

People

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

People In Your Home

You have already told us about the following person :

Mary

Please give us more information about Mary

Personal Information

If this person has the same first name as someone else in your home, [click here](#).

* First Name : Middle Initial : * Last Name :

* Gender : ☐ Male ☒ Female

* Date of Birth : MM DD YYYY / /

* Please Confirm Date of Birth : MM DD YYYY / /

* What is this person's marital status?

What language does this person prefer to use?

Data Collection: Examples

abc.
illinois.
gov

ABE APPLICATION
FOR BENEFITS
ELIGIBILITY

FAQ
UAT

Para información en Español, regrese a la página principal y oprima el enlace que dice Español.
Hello, UAT. You are logged in.
Currently Working At: Helping Hands of Springfield

PrintHelp

15% Complete

Start

People

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

People In Your Home

You have already told us about the following person :

Mary

Please give us more information about Mary

Personal Information

If this person has the same first name as someone else in your home, [click here](#).

* First Name :
Mary

Middle Initial :

* Last Name :
Doe

* Gender :
☐ Male ☒ Female

* Date of Birth :
MM DD YYYY
.. / .. / ..

* Please Confirm Date of Birth :
MM DD YYYY
.. / .. / ..

* What is this person's marital status?
< click here to choose >

What language does this person prefer to use?
< click here to choose >

Program Selection

Please check the box for the program this person is applying for. If you do not check a box, this person will not be applying for that program.

☐ SNAP

☐ Medical Assistance

Tax Information

* Is this person planning to file taxes this year?

☐ Yes

☐ No

☐ I don't know

Citizenship Information

Keep in mind that you do not have to answer these questions if this person is not applying for benefits.

Social Security Number :
- - -

Please Confirm Social Security Number :
- - -

Is this person a U.S. citizen?
☐ Yes ☐ No

If you or any other member of your SNAP unit are not applying for SNAP benefits because you do not wish to provide information about your immigration status, you do not have to give us that information. The failure to provide immigration information will not affect processing for the remaining members of the SNAP unit. However, any member of your SNAP unit who is applying for SNAP benefits for himself or herself has to provide information on their immigration status.

If this person does not have a Social Security Number (SSN), but has applied for one, when did he or she apply?
Ex: mm/dd/yyyy

If this person is not a U.S citizen, and is a documented alien, what is their date of entry?
Ex: mm/dd/yyyy

What is this person's alien registration number?

Is this person a sponsor for an immigrant?
☐ Yes ☐ No

Ethnicity

Please select this person's ethnicity. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.

☐ Hispanic/Latino

☐ Non-Hispanic/Latino

Race

Please select this person's primary race. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.

☐ American Indian / Alaska Native

☐ Asian

☐ Black / African American

☐ Native Hawaiian / Other Pacific Islander

☐ White

☐ Other

"Tax Information" is a new application question related to the new MAGI eligibility standard for Medicaid.

Data Collection: Examples

Residence Information

Is this person a resident of Illinois? ☐ Yes ☐ No

Does this person plan to stay as a resident of Illinois? ☐ Yes ☐ No

Did this person come to Illinois with a job commitment or looking for work? ☐ Yes ☐ No

Is this person a migrant or seasonal farmworker? ☐ Yes ☐ No

Where does this person live?

If this person lives in a facility, what is the name of that facility?

When did this person enter the facility?
Ex: mm/dd/yyyy

If this person lives in a facility, when did this person leave, or expect to leave, the facility?
Ex: mm/dd/yyyy

Veteran Information

Is this person a veteran? ☐ Yes ☐ No

Is this person on active duty? ☐ Yes ☐ No

Is this person a spouse of a deceased veteran? ☐ Yes ☐ No

Is this person a child of a deceased veteran? ☐ Yes ☐ No

Is this person a 100% disabled veteran? ☐ Yes ☐ No

Did this person apply for VA health care benefits? ☐ Yes ☐ No

Is this person receiving VA health care benefits? ☐ Yes ☐ No

Prior Benefits Information

Has this person moved from, or received assistance from, another state any time after August 1996? ☐ Yes ☐ No

If yes

State :

County :

What type of assistance?

Date received assistance from another state
Ex: mm/dd/yyyy

Date moved to Illinois :
Ex: mm/dd/yyyy

Caseworker's Name :

Caseworker's phone number :

Did this person apply for benefits or receive benefits from Illinois in the past? ☐ Yes ☐ No

If yes, please give the name(s) under which this person applied / received (Maiden name, alias, former spouse etc.)

If yes, enter the Social Security number provided by this person for the previous application or case. : - -

People in the Home

* How many people are in your home? Do not forget to count yourself or the people who are temporarily out of your home for less than 30 days! If you are applying for burial assistance, do not forget to include people who are **deceased**. If you are not sure, [click here](#) to read more about what we are asking for.

Data Collection: Examples

abe.illinois.gov

ABE APPLICATION FOR BENEFITS ELIGIBILITY

FAQ UAT

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Hello, UAT. You are logged in.
Currently Working At: Helping Hands of Springfield

19% Complete

Start

People

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

How You Are Related

Please tell us how the people in your home are related to each other.

Mary's Relationship to Jane

Mary is the Mother of Jane

* Does Mary buy food or prepare meals with Jane?

☒ Yes ☐ No

Is Mary physically able to buy or prepare meals separately?

☒ Yes ☐ No

Is Mary claiming Jane as a tax dependent?

☒ Yes ☐ No

Is Mary filing taxes jointly with Jane?


☐ Yes ☒ No


Back **Save & Exit** **Next**


[HFS Home](#) | [DHS Home](#) | [HFS Brochures and Forms](#) | [DHS Forms](#) | [DHS Brochures](#)


Tax filing questions are related to the new MAGI eligibility standard for Medicaid.


Data Collection: Examples


 **Start**


 **People**


 Liquid Assets


 Other Assets


 **Job Income**

 Other Income

 Housing Bills

 Other Bills

 Finish

 **Submit**


Job Income Information

Next, please tell us about the people in your home who have jobs or are self-employed.

***Current or Recent Job**

Please check the box for anyone who has a job right now, has had a job in the last 3 months, or is on strike from a job right now. Do not check this box if the person is self-employed.


☐ No one

☐ 
Mary

***Self-Employment**

Please check the box for anyone who is self-employed right now or has been self-employed in the last 3 months.


☒ No one


☐ 
Mary

***Refusal to Work**


Please check the box for anyone who has quit a job, reduced work hours to less than 30 hours per week, or refused to take a job in the last 60 days?

☐ No one

☐ 
Mary

 **Back**

Save & Exit

Next 

Data Collection Examples

Start

People

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

More About Mary's Job

You have told us that Mary has a job or had a job in the past three months. Please answer the questions below to tell us more.

Employer

* Name of Employer :

Employer Address :

City : State : Zip Code :

Employer Phone :

Job Title

When did Mary start this job?
Ex: mm/dd/yyyy

Is Mary's payment from employment expected to continue for the next 30 days? ☐ Yes ☐ No

Pay Information

How often does Mary get paid? This is Mary's **pay period**.

How much does Mary get paid each time they are paid? \$

Hourly Pay

If Mary gets paid by the hour, please tell us the amount that Mary gets paid each hour. (Please give us Mary's regular rate of pay. We will ask about overtime and other kinds of pay below.) \$

Please tell us how many hours Mary works each week **at this rate**. If Mary's hours are not regular, try to estimate the number of hours he or she usually works at this hourly rate.

Additional Pay

How many hours does Mary work per week at a different rate of pay?

What is Mary's average rate of pay? \$

Bonus or Commission Pay or Tips


If Mary gets any other pay, such as bonus, commission pay or tips, please tell us the type of pay Mary earns and the amount per week. If the amount is not regular, try to estimate the average amount that Mary gets.


Type of pay	Amount	Frequency
<input type="text" value=" < click here to choose >"/>	\$ <input type="text"/>	<input type="text" value=" < click here to choose >"/>
<input type="text" value=" < click here to choose >"/>	\$ <input type="text"/>	<input type="text" value=" < click here to choose >"/>

Data Collection: Examples


 **Start**

 **People**


 Liquid Assets

 Other Assets


 **Job Income**

 **Other Income**

 Housing Bills

 Other Bills

 Finish

 Submit

Money From Other Sources

Next, please tell us about the money that the people in your home get or are expected to get from sources other than a job or self-employment. This includes money given to you by a friend or relative. If you are not sure about a source of income, click on Help to read more about what we are looking for.

*Supplemental Security Income (SSI)

Please check the box for anyone who gets SSI or has received SSI in the last three months? Keep in mind that SSI is a monthly payment for people who are 65 and older or blind or disabled.

☐ No one



*Retirement Survivor's Disability Insurance (RSDI)

Please check the box for anyone who gets RSDI or has received RSDI in the last three months?. RSDI is not the same thing as Supplemental Security Income (SSI).

☐ No one



*Child Support

Please check the box for any child who gets child support including arrearages from someone outside of your home in the past three months.

☐ No one



*Other Income

Please check the box for anyone who gets any type of income or payments from a source other than a job, SSI or RSDI. For example, money given to you by family and/or friends.

☐ No one



*Room and Meals

Please check the box for anyone who makes money by providing a room and/or meals to someone who is living in your home.

☐ No one



Completing the Application: Signing & Submitting

Applicants will be asked to review the Rights & Responsibilities for each benefit program applied for and electronically sign the application.

Signing Your Application

You are just a few minutes away from submitting your application. To do so, you will need to:

- Read the Rights and Responsibilities we have listed below.
- Check the signature box and type your name below to sign your application.

Do I have to come to the office to be interviewed?

If you are applying for Cash or SNAP benefits we will schedule an interview within 14 days, usually at our office. However, if you can not come to the office because of problems with work, health, transportation or child care we can talk with you over the phone. If you are applying for TANF cash assistance you must come to the office for an interview. If you are applying for Medical only, no office interview is required.

SNAP - CLIENT RIGHTS AND RESPONSIBILITIES

Read carefully! Ask your caseworker to explain anything you do not understand.

Because the SNAP program requires a social security number (SSN) for every member of your household who is applying for SNAP benefits, we are explaining how your SSN is used by DHS.

What does DHS do with your Social Security Number?

The SSN will be used in the administration of the SNAP program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes. If you or any member of your household wants to apply for SNAP benefits, but does not

Cash / Medical Assistance - CLIENT RIGHTS AND RESPONSIBILITIES

Read carefully! Ask your caseworker to explain anything you do not understand.

To receive benefits, a person must have a valid Social Security Number (SSN) or proof that they have applied for one, unless exempt. If you or any member of your household wants to apply for assistance, but does not have a SSN, we can help you to apply for one. State law requires us to explain how your SSN is used by the State of Illinois.

✓ **Your Social Security Number (SSN)** will be used in the administration of the cash and/or medical program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes.

- The SSN will be used in computer matching and program reviews or audits and to

Completing the Application: Signing & Submitting (continued)

Offer of Illinois Voter Registration Application

* If you are interested in registering to vote, you may complete the Illinois Voter Registration Application (Illinois Voter Registration Application — SBE R-19)

- [Illinois Voter Registration Application \(English Version\) \(pdf\)](#)
- [Aplicación Para Registro De Votantes De Illinois \(Spanish version\) \(pdf\)](#)
- [伊利諾州選民註冊申請 \(Chinese version\) \(pdf\)](#)

and return it to your local election office or your Family Community Resource Center.

Office Information

Based on the information you provided in your application, the system will send your application to the following DHS/HFS office:

South Loop FCRC
1112 S WABASH
CHICAGO IL 60605-2351
Phone Number: (123) 456-7890

If you would like to be served at an alternate office, please select your office of choice from the list below:

Service Office:

SOUTH LOOP FCRC

Applicants are assigned to an office based on zip code, but they may also select an office

Electronic Attestation

I have agreed to submit this application by electronic means. By signing this application electronically, I declare under penalties of perjury that my answers are correct and complete to the best of any knowledge and belief. I also declare the following:

- I understand the questions and statements on this application.
- I have read and understand my Rights and Responsibilities in the box above.
- I understand the penalties for giving false information.
- I understand that upon verification of my information, this attestation will have the same legal effect and can be enforced in the same way as a written signature.

* ☐ By checking this box and typing my name below, I am electronically attesting to the information in the application.

* First Name :

Middle Initial :

* Last Name :

The Applicant, not someone assisting with an application, must complete the Electronic Attestation.





Back

Submit

Submission Summary

After clicking “Submit,” the Applicant will be given a tracking number and the option of printing a copy of the application. The Applicant can log out or upload verification documents.

Application verification documents or “proof” can only be submitted with the initial application by clicking “Next” from this page. If you navigating away from this page by choosing “Return to IES Home” or logging out, you cannot return to submit proof through ABE.





APPLICATION
FOR BENEFITS
ELIGIBILITY

FAQ
TRN

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Hello, Mary. You are logged in.



100% Complete

Logout

Thank You!

Thank you! Your online application has been sent to the following DHS office for processing:

Mailing Address :
South Loop FCRC
1112 S WABASH
CHICAGO IL
60605-2351
Phone Number:
(123) 456-7890

Keep Track of Your Application

Your tracking number for this application is **T11018040**.

Be sure to write this number down or print this page for your records.

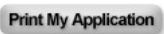
If you are applying because you have a disability, you will get a notice about medical benefits within 60 days of your application date. If you do not have a disability, you will get a notice within 45 days.


If you have a question about your application or need to report new information you may contact the office listed at the top of this page. It will be helpful to have your tracking number.

Print Your Application

DO NOT MAIL THIS APPLICATION. Print or save it for your own records only.


To print, click on the Print My Application button below. If you decide to print or save a copy keep in mind this application has your private and personal information on it.



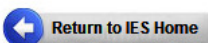
You will need to have a program called Adobe Acrobat Reader to see and print this application. If you do not have this program on your computer, you may install it for free by clicking on the icon below.


Your Next Steps


Based on the application you submitted, here are some steps that you may take to help us process your application. Click Next to continue.



View and Submit Types of Proof
View and Submit documents to confirm the information you provided in you request.

Return to IES Home

Next



Submitting Verification Documents

In cases where applicants have social security numbers (SSN) for each person on the application [Note: SSNs cannot be required from those not applying for benefits, but are helpful], it is possible that additional proof may not be required since information can be verified electronically. The exception is if an applicant's circumstances have changed recently and the electronic verification sources don't yet reflect those changes.

If someone does not have a SSN, that is alright, the application can still be processed. One of the great new features of ABE is the ability to securely submit verification documents with an application. Below are types of proof that may be necessary and the types of documents that may serve as proof to ensure the application is successfully processed.

An applicant does not need to collect all of these documents to submit an ABE application. If the state needs additional information, it will send a written request to the applicant.

Submit Your Documents

Your worker may ask for proof of some of the things you told us in your application. We have created a list of the types of proof that you may need to provide. If you have already submitted any documents, you may not need to submit them again. Check the boxes for the types of proof that you wish to upload now. Keep in mind that your worker may ask for additional proofs.

Who	Proof That May Be Needed	Examples of Documents That May Serve as Proof													
	<input type="checkbox"/> Proof of Citizenship	<p>Provide one of the following documents: US Passport, Certificate of Naturalization, Certificate of US Citizenship (N-560 or N-561) or a document from a federally recognized Indian tribe.</p> <p>If these are not available provide one item from each column for each U.S. citizen:</p> <table> <thead> <tr> <th>Place of birth</th><th>Identity</th></tr> </thead> <tbody> <tr> <td rowspan="2">Certified copy of a birth certificate from the state or county where the person was born</td><td>Driver's License</td></tr> <tr> <td>State issued ID card</td></tr> <tr> <td>Final adoption decree</td><td>School ID</td></tr> <tr> <td rowspan="2">Official military record that shows a place of birth</td><td>U.S. Military ID</td></tr> <tr> <td>U.S. military dependent card</td></tr> <tr> <td rowspan="2">Papers showing the person was employed by the U.S. government before 1976.</td><td>Other government ID (city, county or state issued)</td></tr> <tr> <td>For children under age 16, school or daycare records, or a parent or guardian's signature on this application</td></tr> </tbody> </table>	Place of birth	Identity	Certified copy of a birth certificate from the state or county where the person was born	Driver's License	State issued ID card	Final adoption decree	School ID	Official military record that shows a place of birth	U.S. Military ID	U.S. military dependent card	Papers showing the person was employed by the U.S. government before 1976.	Other government ID (city, county or state issued)	For children under age 16, school or daycare records, or a parent or guardian's signature on this application
Place of birth	Identity														
Certified copy of a birth certificate from the state or county where the person was born	Driver's License														
	State issued ID card														
Final adoption decree	School ID														
Official military record that shows a place of birth	U.S. Military ID														
	U.S. military dependent card														
Papers showing the person was employed by the U.S. government before 1976.	Other government ID (city, county or state issued)														
	For children under age 16, school or daycare records, or a parent or guardian's signature on this application														
	<input type="checkbox"/> Proof of Illinois Residency	Illinois driver's License, rent/ lease/ mortgage receipt, utility bill, document from U.S. Department of Homeland Security, medical records/ clinic cards, home owners insurance, statement from homeless shelter, property tax bill, employment records, school enrollment records, mail document showing postmark within last 30 days with Illinois address, other ID with a name and address.													
	<input type="checkbox"/> Proof of SSN	Social Security Card													
	<input type="checkbox"/> Proof of living with	Proof of a child living with a parent or caretaker relative													

Submitting Verification Documents

ABE will provide an upload screen for each document category selected on the previous page. Documents are associated with each person applying for benefits on the Application.

The screenshot shows the ABE Application for Benefits Eligibility web interface. At the top, there is a header with the Illinois state logo and the text "ABE Application for Benefits Eligibility". Below the header, there is a navigation bar with links: "Home", "Am I Eligible?", "Apply For Benefits", and "Logout". A message says "Hello, Mary. You are logged in." and there are "Print" and "Help" buttons. The main content area is titled "Mary's Proof of SSN" and contains instructions: "Please upload documents that provide Mary's Proof of SSN. If you would like to skip providing for Mary's Proof of SSN, click 'Skip This Document' at the bottom of the page. Keep in mind this document may not meet all program rules. Your worker may ask for other proofs." Below this, there is a dropdown menu labeled "* What type of document is this?" with "Social Security Card" selected. Underneath is a section titled "Choose a File from Your Computer" with instructions: "To upload a document, click Browse, and then select the file. The file will be displayed below." There is a "Browse..." button. A link "What file types are supported?" is also present. At the bottom of the form, there is a question: "Would you like to upload another document to serve as Graeme's Proof of SSN?" with radio buttons for "Yes" and "No" (selected). There are "Skip This Document" and "Next" buttons. A green callout box with an arrow pointing to the "No" radio button contains the text: "Documents are associated with each person applying for benefits."

Mary's Proof of SSN

Please upload documents that provide Mary's Proof of SSN.
If you would like to skip providing for Mary's Proof of SSN, click 'Skip This Document' at the bottom of the page.
Keep in mind this document may not meet all program rules. Your worker may ask for other proofs.

* What type of document is this? Social Security Card

Choose a File from Your Computer

To upload a document, click Browse, and then select the file. The file will be displayed below.

[What file types are supported?](#)

Browse...

Would you like to upload another document to serve as Graeme's Proof of SSN? ☐ Yes ☒ No

Skip This Document Next

Documents are associated with each person applying for benefits.

ABE & the Integrated Eligibility System (IES)

- ❖ The Integrated Eligibility System (IES) is the new caseworker portal for eligibility determination and case management.
- ❖ Once a customer submits an application in ABE, the status in ABE will change to “Submitted.”
 - At this point, a customer can no longer make changes to their application in ABE but they are able to view the information they submitted.
- ❖ The new application will appear in an electronic inbox where a caseworker will take it from the queue and register it. The application status in ABE will change to “In Process.”
- ❖ The caseworker will schedule an interview with the customer, if necessary, and complete the data collection process. Interviews are required for SNAP and Cash Assistance.
- ❖ IES includes new electronic tools that interface with State and Federal data sources to verify information provided in the ABE Application. Applicants will be asked to provide required documentation for any information that cannot be verified electronically or to show proof of any information on the application that conflicts with electronic data such as a change in income due to a job loss or job change.
- ❖ The caseworker will then complete the determination of eligibility and the Applicant will receive a written notice of the decision in the mail. Applications for most Applicants who request but do not qualify for Medicaid will be automatically transferred to the Illinois Health Insurance Marketplace and will be used to determine what financial help would be available to reduce the monthly costs of buying health insurance through the Marketplace.

Section 4: Medicaid Presumptive Eligibility Enrollment

Section 4: Medicaid Presumptive Eligibility Enrollment

The Medicaid Presumptive Eligibility (MPE) program is for pregnant women. Under MPE, pregnant women can get immediate outpatient services for a limited time. Eligibility for the program is based on a medically verified pregnancy and the woman's statement of her family's gross monthly income. Only qualified providers enrolled with HFS as MPE providers can determine eligibility under the MPE program.

MPE Provider Qualifications

In accordance with federal requirements, only organizations that receive funding under one of the following programs can be an MPE provider.

- Federal community or migrant health programs (Section 329, 330 or 340 of the Public Health Service Act)
- Title V Maternal and Child Health Block Grant
- Title V of the Indian Healthcare Improvement Act
- Title XIX (Medicaid) or Title XXI (SCHIP) for prenatal services
- Participates in a state perinatal program
- The Indian Health Service or a health program operated by a tribe or tribal organization under the Indian self-determination

In addition, MPE providers must

- Be enrolled in the Illinois Medicaid program
- Deliver outpatient hospital services, clinic services, or rural health care as defined by Title XIX of the Social Security Act

How to Become a MPE Provider

MPE providers must

- Be certified by the Department of Healthcare and Family Services
- Have an MPE agreement with the department
- Attend department training

Organizations that meet the above qualifications and are interested in becoming a MPE provider should fax a request to the **Bureau of All Kids at 217-557-4274**.

MPE Provider Reimbursement

- There is no reimbursement for completing an MPE determination.
- Enrolled providers who provide medical care to MPE eligible women will be reimbursed at the current Medicaid rate.
- MPE providers may contact HFS at 217-782-5565 to obtain rate information for covered services or for billing inquiries.

Presumptive Eligibility Enrollment: Individual Information

Step 1: Please supply identity, household and pregnancy information for the individual.

Currently Working At: NEW CAP UAT TEST LOC

Individual Information

Type: Medical Presumptive Eligibility Applicant:
Updated on: Updated by:

Identifying Information

* First Name: Middle Initial: * Last Name:

* Date of Birth: Ex: mm/dd/yyyy

☒ Social Security Number: - -

OR

☐ SSN is not known

Language Preference:

Eligibility Information

* How many people are in the household? To determine household size [click here](#)

* Is she interested in cash and/or Supplemental Nutrition Assistance Program (SNAP)?

Pregnancy Verification by Provider

* Has the person applying received a positive pregnancy test by a medical provider? ☐ Yes ☐ No

Number of Unborn Babies

Expected Delivery Date Ex: mm/dd/yyyy

Save & Exit **Next**

Household size should include the unborn baby(ies).

Presumptive Eligibility Enrollment: Contact Information

Step 2: Please provide contact information for the individual.

Currently Working At: NEW CAP UAT TEST LOC

Individual Information

Contact Information

Income Details

Provider Signature

Client Signature

Results

Contact Information

Type: Medical Presumptive Eligibility
Updated on: 12/03/2012

Applicant: Melissa Irene
Updated by: JOHNATHAN PERRY

Home Address

Please tell us where the person applying lives.

* Address Line 1: 100 Main St.

Address Line 2:

* City:

* State: Illinois

* ZIP code:

* What county does she live in?

Previous Address

Address Line 1:

Address Line 2:

City:

State: Illinois

ZIP code:

Contact Information

Please tell us how we can get in touch with the person applying. For the phone numbers, please be sure to include area codes. If she doesn't have one of the items we ask for, just leave it blank.

Home Phone: 786 675 6565

Work Phone: Ext:

Cell Phone: Ext:

Message Phone: Ext:

Email Address:

What is the best way to get in touch with her during the weekday? Home Phone

What is the best time to call her during the weekday? Any Time

Back

Save & Exit


Next


Presumptive Eligibility Enrollment: Income Detail


Step 3: The Income Details page collects information regarding household income and expenses. Applicants are asked to enter two amounts: the total monthly gross earned income and the total monthly gross unearned income amount. The page will automatically calculate total monthly gross income and total net income.


Financial eligibility will be calculated when the page is saved. Clicking “Next” will display the eligibility results on the Provider Signature page.


Currently Working At: NEW CAP UAT TEST LOC


 Individual Information

 Contact Information

 **Income Details**

 Provider Signature

 Client Signature

 Results

Income Details


Type: Medical Presumptive Eligibility Applicant: Melissa Irene
Updated on: Updated by:


Income
If the person applying is unsure of the exact amount for any of these questions, please ask for the best estimate. For more information about how to determine these amounts, please [click here](#).



Income
* Enter the household's total monthly gross earned income. \$
* Enter the household's total monthly gross [other income](#). \$
Total monthly gross income of all household members. \$

Income Deduction
* Monthly income deduction amount: \$

Totals
Total net income: \$

 Back

 Save & Exit

 Next 

Presumptive Eligibility Enrollment: Provider Signature

Step 4: The Provider Signature page allows the MPE Provider to certify that the provided information was collected from the Applicant and that the Applicant has been informed of her rights and responsibilities. The electronic signature is collected via a checkbox, and the application stores the name of the MPE Provider (from the user ID), and the date the page is submitted as the “signature” date.

Currently Working At: NEW CAP UAT TEST LOC

Individual Information

Contact Information

Income Details

Provider Signature

Client Signature

Results

Provider Signature

Type: Medicaid Presumptive Eligibility Applicant: Melissa Irene
Updated on: Updated by:

Provider Signature
Please review the temporary enrollment [RIGHTS AND RESPONSIBILITIES](#) with the person applying before checking the signature box on this page.

Summary of Enrollment
Melissa Irene is eligible to enroll in Medicaid Presumptive Eligibility.

Authorization Box

* ☐ I, JOHNATHAN PERRY, certify that the information entered in this Medicaid Presumptive Eligibility Application is based on the information given to me by Melissa Irene, whom I have informed of the rights and responsibilities under the Medicaid Presumptive Eligibility program. I also understand that I must print the notice at the end of this application and provide a copy to Melissa Irene.

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Next

Presumptive Eligibility Enrollment: Applicant Signature

Step 5: Applicants and MPE Providers should review the previously entered information to ensure its validity. The MPE Provider must correct any incorrect information before submitting the enrollment.



Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

[Home](#) | [User Search](#) | [Application Search](#) | [Logout](#)

Hello, UAT. You are logged in.
Currently Working At: **Planned Parenthood**

 **Help**

 Individual Information

 Contact Information

 Income Details

 Provider Signature

 Client Signature

 Results

Client Signature

Type: Medicaid Presumptive Eligibility Applicant: **Melissa Irene**
Updated on: Updated by:

Signature of Person Applying
Melissa Irene, please review and make sure that the information below is correct. Any information that is not correct can be changed at this time.

Summary of Melissa Irene's information

Name:	Melissa Irene
Date of Birth:	09/19/1999
SSN:	219-26-0845

Summary of Other Information

Number of people in the household:	2
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Summary of Pregnancy Information

Positive pregnancy test:	Yes
Number of unborn babies:	1
Expected delivery date:	01/19/2014

Presumptive Eligibility Enrollment: Applicant Signature (continued)

After reviewing the entered information, the Applicant should check the provided box verifying that she understands the eligibility results. The Applicant must then provide her first and last name. Once the page has been signed by the Applicant, clicking the Submit button will complete the application process and redirect the user to the Results page.

Summary of Enrollment

Melissa Irene is temporarily eligible to enroll in Medicaid Presumptive Eligibility.

Authorization Box for Person Applying

* ☐ I, Melissa Irene, understand that I am temporarily enrolled in Medicaid Presumptive Eligibility for outpatient pregnancy related services only. I understand my enrollment ends on or before 10/31/2013, and to continue to receive Medical benefits, I must apply online, by mail, or by contacting my local county office. UAT Admin has informed me of my rights and responsibilities under this program.

* First Name:

Middle
Initial:

* Last Name:



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Submit


Presumptive Eligibility Enrollment: Results


Step 6: This page displays the Summary of Enrollment and notifies the MPE provider and pregnant woman that the application has been submitted. The 'Print Application Summary' button provides a PDF document that includes a summary of all the data entered in the application. The MPE provider must also provide the pregnant woman with the appropriate Notice of Instructions to Pregnant Applicant – Form KC3090 or KC3090K.


This is the last page of the application process, and once this page is reached, the user has no way to edit the submission. Clicking Exit will redirect the user to the Landing page.


Currently Working At: NEW CAP UAT TEST LOC


 Individual Information

 Contact Information

 Income Details

 Provider Signature

 Client Signature

 Results

Results


Type: **Medicaid Presumptive Eligibility** Applicant: **Melissa Irene**
Updated on: **12/03/2012** Updated by: **JOHNATHAN PERRY**

Summary of Enrollment
Melissa Irene will be temporarily enrolled in the Medicaid Presumptive Eligibility Program.

Submitted
Thank You! This application is now complete. To print a summary of the application, please click the button below.

Print Application Summary

The application summary is available in Adobe Portable Document Format (PDF) and requires Adobe Acrobat Reader to view and print. [Click here to download Adobe Acrobat Reader.](#)

 **Exit**

Thank you!

Thank you for taking the time to review this overview and learn more about ABE - the Application for Benefits Eligibility. We hope you will find it a useful tool. If you have any questions about using ABE, please e-mail them to ABE.questions@illinois.gov.